

NOTE: Please photocopy both sides
and retain for your files.

RECEIVED
BOARD OF SUPERVISORS
COMMISSION SERVICES

2015 DEC 23 PM 5:12

LOS ANGELES COUNTY

NOTICE OF INTENTION TO SOLICIT

To Appeal or Solicit for Charitable Purposes in the
UNINCORPORATED Areas of the COUNTY OF LOS ANGELES

BUSINESS LICENSE COMMISSION

374 Kenneth Hahn Hall of Administration
500 West Temple Street, Los Angeles CA 90012
Telephone: (213) 974-7691

ALL QUESTIONS MUST BE ANSWERED, PLEASE TYPE OR PRINT.

(Los Angeles County Code, Volume 3, Title 7, Chapter 7-24 requires that this Notice of Intention to be filed at least 30 days prior to beginning your solicitation or advertisement for your fund-raising activity. No advertisement or solicitation may begin until this office has issued an Information Card. "No" or "None" may be written where appropriate on this form. Additional Information may be added on separate sheets; however do not add separate sheets in lieu of answering the questions on this form.)

1. Disable Vets Saving Rescue Pets When organized: July 1, 2014
(Full Name of Organization) Incorporated: Yes Yes No

2. 8716 S. Central Ave 2132569390
(Address: Street, City and Zip Code) (Daytime Telephone)

3. Turl West Moore 3921 Santo Tomas 2569390
(Name of Person in Charge of Appeal - Address and Zip Code) (Daytime Telephone)
West 2moore@yahoo.com
(E-mail Address)

4. TO CONDUCT OR SOLICIT: General Appeal
(For annual solicitations indicate General Appeal or for a specific event include the name of the event)

5. WHERE and WHEN this fund-raising activity will be held: not yet have a date or
Specific Event Preplanning
(If specific event provide exact dates)

6. Solicitation/Advertisement starts none yet preplanning ends _____
(Specific date, or when issued) (Last day of specified event)

7. SPECIFIC Purpose of this Solicitation: rescue animals, adopt border and place them w
Disabled Veterans, and train Veterans in Pet Care

8. ANTICIPATED Gross Goal (Before deducting expenses): \$ 40,000 \$ 60,000 \$ N/A
(LOCAL) (STATE) (NATIONAL)

9. If this solicitation or activity is conducted on behalf of another organization, give its name and address and enclose a copy of a letter of authorization from organization(s).

10. Solicitation/Advertisement to be made by means of (indicate by checking below):
(☒) Volunteer Solicitors (☐) Box Office Sales (☒) Posters (☒) Bulletins
(☐) Paid Solicitors (☒) Telephone (☒) Newspapers
(☒) Personal Approach (☒) Radio/Television (☒) Mail
Other methods (specify): website, email

11. Admission: \$ N/A Tickets _____ Invitations _____ No. Printed _____
Numbered _____

SPECIFY PER PERSON ☐
PER COUPLE ☐

Selling prices: (Ads, cookies, etc.) _____ Cost of Carnival Tickets: _____

Games: _____ Rides: _____

12. Itemized list of **ANTICIPATED** expenses to be incurred in conducting this solicitation only: ongoing

Salaries \$200 monthly 5400
 Solicitors 100 monthly 1200
 Managers 300 monthly 3600
 Promoters N/A
 Other 100 monthly 1200
 Rents 100 monthly 1200
 Music 100 monthly 1200
 Telephone 140 monthly for 12 months 1680

Printing Advertisement 8150
 Stationery/Postage 150
 Prizes N/A
 Cost of Merchandise N/A
 Refreshments/Meals 100 monthly 1200
 Miscellaneous: TRANSP 200 monthly 2400
 Veteran (Specify) Training 200 monthly 2400
ANTICIPATED TOTAL \$ 16,380

NOTE: PLEASE BREAK ALL PERCENTAGES DOWN TO THE NEAREST TENTH.

13. a. 240.95% Percent (anticipated) of gross contributions for expenses
 (divide gross goal --Item No. 8-- into expenses --Item No. 12.--)
 b. 59.08 Percent (anticipated) of gross contributions to be used as specified in application
 (subtract percent for expenses --- 13. a. --- from 100%)
 c. NONE Percent of the proceeds to be used outside of Los Angeles County and specify where
 it will be used (If applicable)

14. I the signer of this Notice of Intention, attach hereto copies of the following as required:
 ✓ a. Articles of Incorporation and/or Bylaws of this organization (BOTH if group is incorporated)
 ✓ b. Names, Titles and Terms of Offices for two Officers of this organization
 c. Current Financial Statement (treasurer's report, audit, etc.) NONE
 d. A statement of any and all agreements or understandings made or had with any agent, solicitor,
 promoter or manager of this solicitation, or a copy of such agreement or understanding, if it is in
 writing. NONE
 ✓ e. Tax exemption certificate. State & Federal
 (Items a, b, c and e above must be submitted. If items c or d do not apply to your group, indicate "none")

I have read and understand the provisions of Los Angeles County Code, volume 3, Title 7, Chapter 7-24 and before
 authorizing any person to solicit, I will require the solicitor to read Sections 7-24-010 to 7-24-400 of said Ordinance.

Within 30 days after the completion of the solicitation, I will submit the Report of Results of Activity form to the
 Business License Commission, indicating all receipts and expenditures of this appeal/activity.

AN OFFICER OF THE ORGANIZATION MUST SIGN.

"I declare under penalty of perjury under the laws of the County of Los Angeles and the
 State of California that the foregoing is true and correct."

Paul West Moore Secretary Paul W. Moore 12-23-2015
 (Print Name: First, Last) (Title) (Signature) (Date)
8716 So. Central Ave Los Angeles CA 90003 213 256-9390
 (Address: Street, City and Zip Code) (Daytime Telephone)
West2moore@yahoo.com
 (E-mail Address)

**NON-COMPLIANCE WITH, OR VIOLATION OF, LOS ANGELES COUNTY CODE, VOLUME 3, TITLE 7,
 CHAPTER 7-24, IS A MISDEMEANOR PUNISHABLE BY A FINE OR IMPRISONMENT -- OR BOTH.**

IMPORTANT REMINDER: A current list of officers and a current financial statement or audit must be sent at least
 once annually to keep your file updated. Other documents are not necessary unless they
 have new or additional information, or amendments.

Please give the name and telephone number of a person that we may contact for questions regarding the "NOTICE OF
 INTENTION" application.

Name: Paul West Moore Telephone No. 213 256-9390



7/14/2014

P: 18 T: 12 10006993 PP1B-022949
DISABLE VETS SAVING RESCUE PETS
8716 S CENTRAL AVE
LOS ANGELES CA 90002-1114



TIN/EIN

(Taxpayer Identification Number/Employee Identification Number)

****_***9407**

PIN

(EFTPS Personal Identification Number)

2536

Dear Disable Vets Saving Rescue Pets,

As a new business with a likely federal tax deposit obligation, you were enrolled in the Electronic Federal Tax Payment System (EFTPS), a free service of the U.S. Department of the Treasury.

To start making payments via EFTPS, follow these steps:

1. **Call 1.800.555.3453.** Enter your EIN and the four-digit PIN that appears in the box above. If you're calling from outside the U.S., please call 1.303.967.5916.
2. **Enter your financial institution information**, including account number, bank routing number, and account type (savings or checking) when instructed. The voice response system will repeat the number you entered so you can either confirm or correct the number.
3. **Re-enter your PIN.**
4. **Enter the phone number** of the person to contact if we have questions about your EFTPS enrollment. This could be you or a member of your staff.
5. **Record the enrollment number** and keep for future reference.

After you've completed your enrollment, you can make payments at **EFTPS.gov** or via the phone by following the steps listed on reverse side of this letter.

Please note: While you can schedule a payment as soon as you activate your enrollment, payments must be scheduled by 8 p.m. ET the day before the due date to be timely. The funds will move out of your bank account on the payment settlement date you select. Payments can be scheduled up to 365 days in advance.

If a payroll company, accountant, or other third party makes any federal tax payments for you, be sure to review this information with that entity.

If you need further assistance, please call customer service 24 hours a day, 7 days a week at 1.800.555.4477. If you are calling from outside the U.S., call 1.303.967.5916.



MAKING A FEDERAL TAX PAYMENT

ONLINE

1. Go to **EFTPS.gov** and click on "Log In."
2. Click on "Need a Password" and follow the instructions.
3. Select "Log In" again and use your TIN/EIN, PIN, and the password you just set.
4. Enter the payment information in the step-by-step screens that follow.
5. When you are finished, print out a copy of the "Payment confirmation" page. This contains your EFT Acknowledgment Number that acts as a receipt for your payment instruction.

BY PHONE

1. Call 1-800-555-3453.
2. Enter your TIN/EIN and PIN.
3. Press 1 to make a payment.
4. Follow the prompts to complete your payment.
5. Record your EFT Acknowledgment Number.

Please note: Payments must be scheduled via EFTPS by 8 p.m ET the day before the due date to be timely with the IRS.

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. We need this information to ensure that you are complying with the revenue laws and to allow us to figure and collect the right amount of tax. Our authority to ask for this information is 5 U.S.C. 301 and Internal Revenue Code sections 6001, 6011, 6012, and their applicable regulations. Section 6109 requires filers to provide their SSN or other identifying numbers. The information will be used to enroll you in the Electronic Federal Tax Payment System (EFTPS) and to ensure that payment(s) are properly credited to the appropriate account(s).

Generally, tax returns and return information are confidential, as stated in section 6103 of the Internal Revenue Code. However, section 6103 allows or requires the Internal Revenue Service to disclose such information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. If you are required by regulation to use electronic funds transfer to make your deposits, your response is mandatory; failure to provide all of the requested information or providing false or fraudulent information may subject you to penalties. If you are not required by regulation to use electronic funds transfer, your response is voluntary; failure to provide all of the requested information may prevent processing of this form, and providing false or fraudulent information may subject you to penalties. If you are not required to use electronic funds transfer to pay taxes owed, you need to pay the taxes due by another method.

You are not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The time needed to provide this information will vary depending on individual circumstances. The estimated average time is ten minutes. If you have comments concerning the accuracy of this time estimate or suggestions for reducing this burden, we would be happy to hear from you. You can write to the IRS Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR 6526, Washington, DC 20224. Please do not send the enrollment form to this address.



WITHHOLDING SERVICES AND COMPLIANCE MS F182
FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0651

DATE: 07/14/14

DISABLE VETS SAVING RESCUE PETS
8716 S CENTRAL AVE
LOS ANGELES CA 90002-1114

NOTICE NUMBER:
0495717140708 1
ENTITY ID: CORP 3690270
IN REPLY, REFER TO:
767:HW: :ICLTR

Withholding Tax at Source Requirements

You May Have California Withholding Responsibilities

We received information that your business entity may be doing business in California. Therefore, we are notifying you of your potential resident and nonresident withholding responsibilities.

Nonresident Withholding

If your business entity pays California source income to nonresidents of California, you must withhold and send Franchise Tax Board (FTB) 7 percent of all payments you make to each nonresident that exceed \$1,500 in a calendar year. (California Revenue & Taxation Code Section 18662)

If your business entity does not pay California source income to nonresidents of California, this responsibility does not apply to you.

Payments Subject to Nonresident Withholding

Payments subject to nonresident withholding include, but are not limited to:

- Nonwage payments for services performed in California.
- Lease, rent, royalty, winnings, and payout income earned in California.
- Distributions from California pass-through entities (estates, trusts, partnerships, LLCs, S corporations).

Exceptions to Nonresident Withholding

Generally, you do not need to withhold if any of the following exceptions apply. The payee:

- Is qualified with the California Secretary of State to do business in California.
- Has a permanent place of business in California.
- Is an individual who is a California resident.
- Is a tax-exempt entity under California or federal law.
- Is a government entity.
- Provides only goods or materials.
- Received a withholding waiver from FTB.
- Meets one of the other exceptions listed on Form 590, *Withholding Exemption Certificate*.

Other exceptions may apply. See FTB Publication 1017, *Resident and Nonresident Withholding Guidelines*, for details on those exceptions.

Backup Withholding — Applies ☒ Both Residents and Nonresidents

Generally, California follows federal law and requires backup withholding on payments to a payee if the payee:

- Does not provide a taxpayer identification number.
- Provides an invalid taxpayer identification number.
- Does not certify an exemption from backup withholding.

With certain limited exceptions, California law states that if the Internal Revenue Service (IRS) requires you to withhold and remit backup withholding, you must also withhold and remit to FTB 7 percent of all reportable income payments.

Payments Subject to Backup Withholding

California residents are subject to California backup withholding on all payments they receive, regardless of source. Nonresidents are subject to California backup withholding on payments they receive from California source income.

Exceptions to Backup Withholding

Two exceptions to California backup withholding are:

- Payments of interest and dividends (reported on IRS Forms 1099-INT, 1099-DIV, 1099-OID, and 1099-PATR).
- Any release of loan funds a financial institution makes in the normal course of business.

Priority for Withholding

If more than one type of withholding applies to a payment, you perform backup withholding only.

Payees Exempt from Backup Withholding

Certain payees are exempt from backup withholding, such as government entities and tax-exempt organizations. To get a complete list of exempt payees, refer to IRS Form W-9.

Consequences for Late Filing, Late Payment, or Noncompliance

If you do not file or furnish certain withholding forms correctly and timely, we may assess penalties. A 100 percent liability applies any time you under withhold, fail to withhold, or fail to remit withholding unless you show us that the failure is due to reasonable cause. Interest applies on late payments.

For more details on nonresident or backup withholding, or to get California withholding forms and publications:

- Go to ftb.ca.gov and search for **withholding**.
- Refer to FTB Publication 1017, *Resident and Nonresident Withholding Guidelines*.
- Call: 888.792.4900 or 916.845.4900. TTY/TDD: 800.822.6268 for persons with hearing or speech impairments.
- Email: wscs.gen@ftb.ca.gov. (This address is not a secure email address. Do not send confidential information.)
- Subscribe to free, online webinars. Go to ftb.ca.gov and search for **subscription services**. On the subscription services page, select the **Tax News**, **Backup Withholding**, and **Nonresident** options. You will automatically receive email updates on these topics, including upcoming webinar invitation links.

Date of this notice: 07-10-2014

Employer Identification Number:
47-1309407

Form: SS-4

Number of this notice: CP 575 A

DISABLE VETS SAVING RESCUE PETS
8716 S CENTRAL AVE
LOS ANGELES, CA 90002

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-1309407. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120

03/15/2015

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is DISA. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.



STATE OF CALIFORNIA
FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0500

ADDRESS VERIFICATION NOTICE

DATE: 07/14/14
ENTITY ID:
CORP 3690270

NOTICE NUMBER: 0495718140708 1
DISABLE VETS SAVING RESCUE PETS
8716 S CENTRAL AVE
LOS ANGELES CA 90002-1114

We have been advised that the above business entity will be receiving returns or other documents from the Franchise Tax Board. Our records indicate that the mailing address shown above is current. If the address is incorrect, please provide the correct information below and mail this form to: Franchise Tax Board, PO Box 942857, Sacramento CA 94257-0500. If applicable, please provide any additional identification numbers.

Turl West Moore / Disable Vets Saving Rescue Pets 47-1309407
CARE OF NAME (If Applicable) Federal Employer Identification Number
8716 S. Central Ave N/A
STREET Employment Development Department Account Number
Los Angeles CA 90003 N/A
CITY STATE ZIP Board of Equalization Account Number

NOTICE TO INCORPORATING ATTORNEY

If you are the incorporating attorney, please provide us with the current address for the above business entity. If you no longer represent the business entity, please forward this request. If we cannot establish and maintain contact with the business entity, it may be subject to penalties for failing to comply with the law.

TAXPAYER SERVICES

Internet and Telephone Assistance

Website: ftb.ca.gov
Telephone: 800.852.5711 from within the United States
916.845.6500 from outside the United States
TTY/TDD: 800.822.6268 for persons with hearing or speech impairments

472900121341



STATE OF CALIFORNIA
FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0500

ADDRESS VERIFICATION NOTICE

DATE: 07/14/14
ENTITY ID:
CORP 3690270

NOTICE NUMBER: 0495718140708 1
DISABLE VETS SAVING RESCUE PETS
8716 S CENTRAL AVE
LOS ANGELES CA 90002-1114

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Turl West Moore / Disable Vets Saving Rescue Pets 47-1309407
CARE OF NAME (If Applicable) Federal Employer Identification Number

8716 S. Central Ave N/A
STREET Employment Development Department Account Number

Los Angeles CA 90003 N/A
CITY STATE ZIP Board of Equalization Account Number

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